

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF PENNSYLVANIA

MICHAEL OKPOR
P. O BOX 604
BERLIN NJ 08009
(In the space above enter the full name(s) of the plaintiff(s).)

- against -

COMPLAINT

2025 JAN 28 PM 4:21
USDC-EDPA RECD CLERK

(1) CBS NEWS BROADCASTING
PHILADELPHIA PA.

Jury Trial: ☒ Yes ☐ No

(check one)

(2) CBS NEWS PHILADELPHIA

(3) CBS NEWS HEAD OFFICE

(4) ERIC GILKESON

(5) ARMOR METALS RECYCLING

(6) JOHN DOE - 1 - 10 LLC

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

| | | |
|-----------|------------------|-------------------------|
| Plaintiff | Name | <u>MICHAEL OKPOR</u> |
| | Street Address | <u>P. O BOX 604</u> |
| | County, City | <u>BERLIN NJ</u> |
| | State & Zip Code | <u>08009</u> |
| | Telephone Number | <u>856 - 883 - 4176</u> |

- B. List all defendants. You should state the full name of the defendants, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant can be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name CBS BROADCASTING INC
 Street Address 1555 HAMILTON STREET
 County, City PHILADELPHIA PA
 State & Zip Code 19130

Defendant No. 2

Name CBS NEWS CENTER
 Street Address 1555 HAMILTON STREET
 County, City PHILADELPHIA PA
 State & Zip Code 19130

Defendant No. 3

Name CBS NEWS HEAD OFFICE
 Street Address 1555 HAMILTON STREET
 County, City PHILADELPHIA PA
 State & Zip Code 19130

Defendant No. 4

Name ERIC GILKESON
 Street Address 808 DREXEL AVE
 County, City DELRAN NJ
 State & Zip Code 08075

(5)

~~ARMOR~~ METALS & RECYCLING LLC
 800 NATIONAL HWY STE 2
 PENNSAUKEN TOWNSHIP NJ
 08110

II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

A. What is the basis for federal court jurisdiction? (check all that apply)

☒ Federal Questions ☐ Diversity of Citizenship

B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at

(1) issue? VIOLATION OF MY CIVIL
RIGHT WILLFULLY DEPRIVATION
OF MY CIVIL RIGHTS 42 USCS 1983

(2) DEFAMATION AGAINST PLAINTIFF

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship USA

Defendant(s) state(s) of citizenship USA

III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. Where did the events giving rise to your claim(s) occur? AT SICKLERVILLE ROAD SICKLERVILLE NEW JERSEY

B. What date and approximate time did the events giving rise to your claim(s) occur? YEARS

LATE THIS YEAR PLAINTIFF JUST FOUND OUT THAT CBS BROADCASTING CENTER IN PHILADELPHIA ~~IS~~ BEEN DETAINING PLAINTIFF

C. Facts: PLAINTIFF JUST FOUND OUT THAT CBS NEWS MAKING AND PUBLISHING A FALSE STATEMENT ABOUT PLAINTIFF FOR THEFT OF A PROPERTIES.

What happened to you?

Who did what?

CBS NEWS LIBEL AND SLANDER PLAINTIFF, THIS FALSE PUBLICATION STATEMENT ARE SO DAMAGING TO PLAINTIFF REPUTATION.

Was anyone else involved?

CBS NEWS MADE THIS STATEMENT DID SO NEGLIGENCE, RECKLESSLY OR INTENTIONALLY AND AS A RESULT OF THE STATEMENT AS SUCH MY REPUTATION WAS DAMAGED.

Who else saw what happened?

THIS FALSE PUBLICATION AND COMMUNICATION OF FALSE MESSAGE ABOUT PLAINTIFF HAS CAUSE A SEVERE HARM TO HIS REPUTATION

DO CBS NEWS FALSE PUBLICATION ABOUT PLAINTIFF HAS RESULT OTHER INDIVIDUAL CALLING HIM A CRIMINAL OR THE

IV. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

~~DAMAGES TO PLAINTIFF~~
 DUE TO DEFENDANT DEFAMATION
 AGAINST PLAINTIFF HAS CAUSED ^{HIM} ~~LOSS~~
 OF REPUTATION, SHAME, HURT FEELING,
 EMBARRASSMENT, AND MORE.

SPECIAL DAMAGES: THIS INCLUDES
 DAMAGES TO THE PLAINTIFF PROPERTY,
 OCCUPATION, TRADE, PROFESSION OR
 BUSINESS RELATIONSHIP.

PUNITIVE DAMAGE AGAINST DEFENDANT

① GENERAL DAMAGE, SPECIAL DAMAGE
 V. Relief: VIOLATION OF PLAINTIFF AND PUNITIVE DAMAGE
 CIVIL RIGHT

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation.

I WANT THIS COURT AWARD PLAINTIFF
 FOR GENERAL DAMAGES, THIS INCLUDES
 LOSS OF REPUTATION, SHAME, HURT FEELINGS,
 EMBARRASSMENT AND MORE. SPECIAL DAMAGES
 THIS INCLUDES DAMAGES TO THE PLAINTIFF
 PROPERTY, OCCUPATION, TRADE, PROFESSION
 OR BUSINESS RELATIONSHIP.
 FINALLY PUNITIVE DAMAGES AGAIN
 THE DEFENDANT.

I WANT COMPENSATION FINANCIAL
 AND ALSO HELP DETER OTHERS
 FROM DEFAMING ME.

I WANT PUBLICATION TO BE
 WITHDRAWN FROM ALL ~~SOCIAL~~ MEDIA
 AND SOCIAL MEDIA.

PLAINTIFF DEMAND \$500,000,000

FOR THIS DEFAMATION BY THE DEFENDANT
 INCLUDE INTEREST.

Rev. 10/2009

SEE EXHIBIT A

CBS NEWS BROADCASTING CENTER
PHILADELPHIA MADE A FALSE
PUBLICATION AND HARMFUL STATEMENT
ABOUT PLAINTIFF TO A THIRD PARTY.
THIS STATEMENT CAUSED A
SERIOUS HARM AND CONTINUE TO CAUSE
NUMEROUS HARM TO PLAINTIFF,
INCLUDE PLAINTIFF FAMILY AS WELL.
SEE EXHIBIT (A).

THIS FALSE PUBLISHED STATEMENT
HAS CAUSE PLAINTIFF GREAT HARM
TO HIS REPUTATION.

THIS FALSE STATEMENT PURPORTED
BE FALSE. DEFENDANT WAS NEGLIGENT.

DUE TO THIS FALSE PUBLICATION, ONE
OF THE DEFENDANTS ON THIS CASE CONTINUES
TO CONTINUE CALLING PLAINTIFF CRIMINAL,
THIEF AND THE WORD STILL SPREADING
ALL OVER DUE TO DEFENDANT NEGLIGENCE.

THIS DEFENDANT FALSE STATEMENT
CONTINUE TO HARM PLAINTIFF TILL
DATE.

PLAINTIFF RIGHT WAS DEPRIVED 42 USC 1983.

PLAINTIFF JUST FOUND OUT
ABOUT THIS DEFAMATION BY
CBS ^{NEWS} BROADCASTING CENTER ON
MAY THIS YEAR 2024. THROUGH
ONE ERIC GILKERSON CALLED THE
PLAINTIFF A THIEF ~~OR~~ ^{AND} CRIMINAL.

ERIC GILKERSON CLAIM HE
GOT THE INFORMATION FROM CBS
NEWS BROADCASTING CENTER NEWS
AND PUBLICATION. SAME APPLICABLE
TO OTHER DEFENDANT.

THIS PUBLISHED STATEMENT
CAN BE EASILY DESCRIBED AS
FALSE, JUST PUBLISHED HARMFUL,
OR UNPRIVILEGED.

THANKS

Michael Okoro

12/28/24.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this _____ day of 12 / 28th, 2024

Signature of Plaintiff Michael Olgor
Mailing Address P.O. Box 604
BERLIN NJ
08009
Telephone Number 856-883-4176
Fax Number (if you have one) _____
E-mail Address Michael.Olgor@yahoo.com

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.

For Prisoners:

I declare under penalty of perjury that on this _____ day of _____, 20____, I am delivering this complaint to prison authorities to be mailed to the Clerk's Office of the United States District Court for the Eastern District of Pennsylvania.

Signature of Plaintiff: _____
Inmate Number _____

EXHIBIT A

PHILADELPHIA

News

Weather

Sports

Video

CBS Philadelphia Shows

62

LOCAL NEWS

Man Charged With Stealing Donated Clothes In South Jersey



May 7, 2014 / 10:30 AM EDT / CBS Philadelphia

By Steve Beck

SICKLERVILLE, N.J. (CBS) -- A South Jersey man was stealing clothes intended for charities and was selling them at flea markets, police said.

Michael Okpor, of Berlin, N.J., was arrested Monday night by officers with the Gloucester Township Police Department.

According to investigators, officers observed a car driven by Okpor pull into the EZ Food Stop convenience store parking lot on Sicklerville Road in Sicklerville.

Authorities say Okpor got out of his car and removed five bags of clothing from the donation container belonging to South Jersey Ventures.

**Be the first to know**

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I (a) PLAINTIFFS

MICHAEL OKPOR
(b) County of Residence of First Listed Plaintiff
(EXCEPT IN U.S. PLAINTIFF CASES)
CAMDEN

(c) Attorneys (Firm Name, Address, and Telephone Number)

DEFENDANTS

CBS NEWS BROADCAST
(IN U.S. PLAINTIFF CASES ONLY)
County of Residence of First Listed Defendant

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.

Attorneys (If Known) CBS News Philadelphia
PIT

II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

- ☐ 1 U.S. Government Plaintiff
☒ 3 Federal Question (U.S. Government Not a Party)
☐ 2 U.S. Government Defendant
☐ 4 Diversity (Indicate Citizenship of Parties in Item III)

III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)

- | | PTF | DEF | | PTF | DEF |
|---|-------------------------------------|----------------------------|---|----------------------------|----------------------------|
| Citizen of This State | <input checked="" type="checkbox"/> | <input type="checkbox"/> 1 | Incorporated or Principal Place of Business in This State | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| Citizen of Another State | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | Incorporated and Principal Place of Business in Another State | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| Citizen or Subject of a Foreign Country | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | Foreign Nation | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |

IV. NATURE OF SUIT (Place an "X" in One Box Only)

| | | | | | |
|--|--|--|---|---|--|
| CONTRACT <input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise | PERSONAL INJURY <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury <input type="checkbox"/> 362 Personal Injury - Medical Malpractice | PERSONAL INJURY <input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 367 Health Care/Pharmaceutical Personal Injury Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability PERSONAL PROPERTY <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability | FORFEITURE/PENALTY <input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 690 Other U.S. LABOR <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Management Relations <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 751 Family and Medical Leave Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Employee Retirement Income Security Act IMMIGRATION <input type="checkbox"/> 462 Naturalization Application <input type="checkbox"/> 465 Other Immigration Actions | BANKRUPTCY <input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 PROPERTY RIGHTS <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 835 Patent - Abbreviated New Drug Application <input type="checkbox"/> 840 Trademark <input type="checkbox"/> 880 Defend Trade Secrets Act of 2016 SOCIAL SECURITY <input type="checkbox"/> 861 HIA (1395f) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g)) FEDERAL TAX SUIT <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609 | OTHER STATUTES <input type="checkbox"/> 375 False Claims Act <input type="checkbox"/> 376 Qui Tam (31 USC 3729(a)) <input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit (15 USC 1681 or 1692) <input type="checkbox"/> 485 Telephone Consumer Protection Act <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 896 Arbitration <input type="checkbox"/> 899 Administrative Procedure Act/Review or Appeal of Agency Decision <input type="checkbox"/> 950 Constitutionality of State Statutes |
|--|--|--|---|---|--|

V. ORIGIN (Place an "X" in One Box Only)

- ☒ Original Proceeding
☐ 2 Removed from State Court
☐ 3 Remanded from Appellate Court
☐ 4 Reinstated or Reopened
☐ 5 Transferred from Another District (specify)
☐ 6 Multidistrict Litigation - Transfer
☐ 8 Multidistrict Litigation - Direct File

VI. CAUSE OF ACTION

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):
42 U.S.C. 1983, DEFAMATION

VII. REQUESTED IN COMPLAINT:

Brief description of cause:
CIVIL RIGHT VIOLATION, DEFAMATION

VIII. RELATED CASE(S) IF ANY

CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P. DEMAND \$ 500,000.00
CHECK YES only if demanded in complaint: YES DEMAND: \$500,000.00

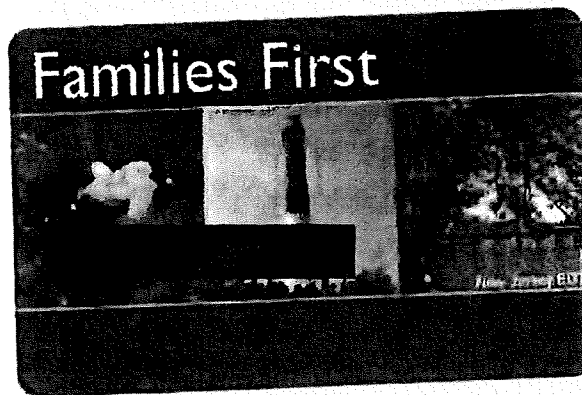
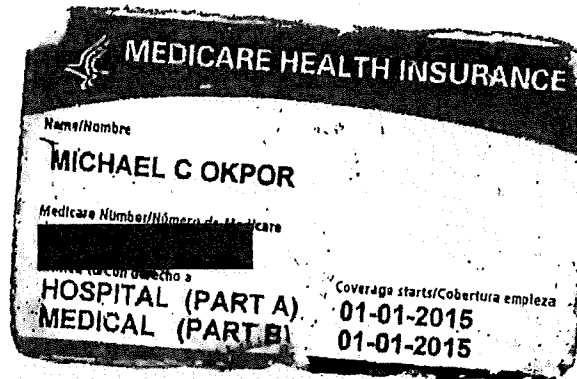
DATE

JUDGE
SIGNATURE OF ATTORNEY OF RECORD

DOCKET NUMBER

FOR OFFICE USE ONLY

RECEIPT # AMOUNT APPLYING IFP JUDGE MAG. JUDGE



FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2024

• PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
• SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name

MICHAEL C OKPOR

Box 2. Beneficiary's Social Security Number

142-98-6471

Box 3. Benefits Paid in 2024

\$13,776.00

Box 4. Benefits Repaid to SSA in 2024

NONE

Box 5. Net Benefits for 2024 (Box 3 minus Box 4)

\$13,776.00

DESCRIPTION OF AMOUNT IN BOX 3

DESCRIPTION OF AMOUNT IN BOX 4

Paid by check or Direct deposit

\$13,259.40

NONE

Treasury Benefit Payment Offset,

Garnishment and/or Tax Levy

\$516.60

Total Additions

\$13,776.00

Benefits for 2024

\$13,776.00

Box 6. Voluntary Federal Income Tax Withheld

NONE

Box 7. Address

MICHAEL C OKPOR
PO BOX 604
BERLIN NJ 08009-0604

Box 8. Claim Number (Use this number if you need to contact SSA.)

142-98-6471A

FIRST-CLASS MAIL
PRESORTED
POSTAGE AND FEES PAID
SOCIAL SECURITY
ADMINISTRATION
PERMIT NO G-11

S080 *****AUTO**SCH 5-DIGIT

FIR19C-0086289

2/7/79/855

MICHAEL C OKPOR

PO BOX 604

BERLIN NJ 08009-0604



SOCIAL SECURITY ADMINISTRATION
P.O. BOX 67620
WILKES-BARRE, PA 18767-7620

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE \$300



Securing today
and tomorrow

Form SSA-1099-SM (1-2025)

GPO U.S. GOVERNMENT PUBLISHING OFFICE: 2025 431-200/10010

Printed on recycled paper

SCAM ALERT

Scammers are pretending to be government employees. They may threaten you and may demand immediate payment to avoid arrest or other legal action. Do not be fooled!

If you receive a suspicious call:

1. HANG UP!
2. DO NOT GIVE THEM MONEY OR PERSONAL INFORMATION!
3. REPORT THE SCAM AT [OIG.SSA.GOV](https://oig.ssa.gov)

IMPORTANT: TAX INFORMATION ENCLOSED
KEEP THIS FORM FOR PROOF OF SOCIAL SECURITY BENEFITS